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Application Number **CHANGE OF** 06/27/2003 CORRESPONDENCE ADDRESS Filing Date Matthew James Callow Application First Named Inventor 1637 Art Unit Address to: Commissioner for Patents Calamita, Hoather Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 **CAL-1CIP** Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to The address associated with **Customer Number:** OR Firm or Individual Name Complete Genomics, Inc. 688 N. Pastoria Avenuo Address Zip 94085 State City Sunnyvale CA Country United States of America Telephone 408-730-5700 x208 alachenmolor@completegenomics.com This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) \overline{Z} Attorney or agent of record. Registration Number 53,474 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Renee S. Polizotto, Ph.D. Name Telephone₆₅₀₋₅₁₇₋₈₀₀₀ Date Juno 18, 2007 NOTE: Signatures of all the inventors or assignoss of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below TW 104 14 14

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